ELECTRONIC CLAIMS MANAGEMENT ENGINE (ECME)

TECHNICAL MANUAL/ SECURITY GUIDE

Version 1.0
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Department of Veterans Affairs
VistA Health Systems Design and Development

Revision History

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
02/2007	Updated for NPI patch BPS*1*2.	Sookie Spence	David Blaeser
08/2006	Updated for interim patch BPS*1*3.	Sookie Spence	Mary Ellen Gray
04/2006	Initial release of the Electronic Claims Management Engine (ECME) Technical Manual/Security Guide.	Sookie Spence	Mary Ellen Gray

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Introduction

Description of ECME Technical Guide

The Electronic Claims Management Engine (ECME) Technical Guide describes the technical and security aspects of the ECME V. 1.0 application. Its intended audience includes Health Systems Design & Development (HSD&D) developers and members of the Pharmacy Automated Data Processing Application Coordinator (ADPAC) and Information Resources Management Service (IRMS) staff. Users can find ECME V. 1.0 documentation, including any subsequent change pages affecting this guide, on the Veterans Health Information Systems and Technology Architecture (VistA) documentation library at http://www.va.gov/vdl.

The ECME V. 1.0 application generates electronic claims in National Council for Prescription Drug Programs (NCPDP) V. 5.1 format based on the Outpatient Pharmacy V. 7.0 workflow. ECME V. 1.0 performs the following tasks.

- It allows pharmacy users to submit, resubmit, and reverse electronic claims.

- It provides reports for end users and management on claims status, transaction history, and system configuration standings.

- It allows Pharmacy ADPACs and IRMs to configure ECME to pharmacy site specifications.

The ECME package was released in two phases, a dormant phase (released on 10/20/04) and an active phase. The BPS 1.0 Master Build is the dormant phase, releasing the ECME V. 1.0 package (which occupies the BPS namespace) in a dormant state and enhancing Integrated Billing (IB) V. 2, so that the user can link pharmacy groups with insurance group plans. Also, during the dormant phase, each site should have already registered their pharmacy with the Financial Services Center (FSC).

The active phase, which cannot be installed unless the BPS 1.0 Master Build precedes it, allows the ECME V. 1.0 package to produce electronic claims. These changes allow the VistA software applications to electronically transmit outpatient pharmacy prescription claims to payers and to receive claim responses (which include Drug Utilization Responses (DURs) and warnings) on a real-time basis and in accordance with Healthcare Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) transactions and NCPDP mandated format standards, specifically NCPDP Telecommunication Standard V. 5.1.

ECME V. 1.0 processing begins when events within Outpatient Pharmacy V. 7.0 meet specific criteria that indicate the system should generate an electronic claim. To build a claim through ECME V. 1.0, the following must occur.

1. The patient must be registered.
2. The patient must have pharmacy insurance coverage.
3. The patient must have a prescription for a non-service connected condition in process.

Logic embedded within ECME V. 1.0 manages the creation of the electronic claim, which requires integration with Integrated Billing (IB) V. 2.0, Pharmacy Data Management (PDM) V. 1.0, and the National Drug File (NDF) V. 4.0. ECME V. 1.0 also generates claims during Consolidated Mail Outpatient Pharmacy (CMOP) V. 2.0 processing for prescriptions that meet billing requirements and are suspended for CMOP fills.

The Veterans Health Administration (VHA) developed the ECME V. 1.0 software in order to comply with the Health Insurance Portability and Accountability Act of 1996, which requires health care providers to electronically transmit outpatient pharmacy prescription claims to payers in the NCPDP format and to receive responses on a real-time basis. ECME V. 1.0 is derived from the Pharmacy Point of Sale V. 1.0 (POS) application developed by the Indian Health Service (IHS).

Orientation

This guide consistently uses the following notation to enhance readability.

- Screen prompts are denoted with quotation marks around them.
  Example: the "Press ENTER to continue" prompt will display next.

- Menu options are italicized.
  Example: The *Payable Claims Report* option lists payable electronic claims in billed and paid amounts.

- Responses in bold face denote user input.
  Example: Select ECME Option: **RPT**

- **<Enter>** indicates the user must press the Enter key (or Return key on some keyboards).
  Example: Type **Y** for Yes or **N** for No and press **<Enter>**

- **<Tab>** indicates the user must press the Tab key.
  Example: Press **<Tab>** to move the cursor to the next field.

- **Note:** Indicates especially important or helpful information.

- Options are locked with a particular security key. The user must hold the particular security key to be able to perform the menu option.

Example: The user cannot access the Pharmacy ECME Manager Menu options without the BPS MANAGER key.

- The page symbol indicates a referral to a diagram.

- **?, ??, ???** The user can enter one, two or three question marks at any prompt to get online help. One question mark briefly states what information is appropriate for the prompt. Two question marks provide more detailed help, plus hidden actions, and three question marks give the most detailed help, including a list of possible answers, if appropriate.

Users can obtain online help in the following ways.

- Enter a question mark (?) for assistance in choosing actions at a prompt.
- Use the kernel routine, XINDEX, to produce detailed listings of the routines.
- Use VA FileMan to generate listings of data dictionaries for the files.

Data Dictionaries (DDs) are part of the online documentation for this software application. Use VA FileMan *List File Attributes* [DILIST] option, under the *Data Dictionary Utilities* [DI DDU] option, to print the DDs.

List of Related Documentation

Electronic Claims Management Engine V. 1.0 User Manual (March 2006)

Outpatient Pharmacy V. 7.0 Technical Manual/Security Guide Change Pages (August 2004)

Outpatient Pharmacy V. 7.0 User Manual Change Pages (August 2004)

HIPAA NCPDP Connection for EDI Pharmacy (Active Release) Installation Guide

HIPAA NCPDP Connection for EDI Pharmacy (Active Release) Release Notes

HIPAA NCPDP IB/AR Release Notes

PDM Technical Manual/Security Guide Change Pages

PDM User's Manual Change Pages

CMOP Technical Manual Change Pages

CMOP User's Manual Change Pages

Technical Manual

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1.   ECME V. 1.0 Menus

The complete list of Electronic Claims Management Engine (ECME) V. 1.0 menu options is shown below. The Claims Coordinator needs to access all ECME V. 1.0 options.

To view the complete ECME V. 1.0 menu structure, the user must hold the BPSMENU, BPS USER, BPS MANAGER, BPS MASTER and BPS REPORTS keys.

U   **Claims Data Entry Screen**
MGR   **Pharmacy ECME Manager Menu . . .**
        MNT   **ECME transaction maintenance options …**
                UNS   View/Unstrand Claims Not Completed
                ROC   Re Open CLOSED Claim
        SET   **Pharmacy ECME Setup Menu ...**
                BAS   Edit Basic ECME Parameters
                PHAR   Edit ECME Pharmacy Data
                REG   Register Pharmacy with Austin Automation Center
        STAT   Statistics Screen
RPT   **Pharmacy Electronic Claims Reports . . .**
        CLA   **Claim Results and Status . . .**
                PAY   Payable Claims Report
                REJ   Rejected Claims Report
                ECMP   COMP/ECME Activity Report
                REV   Reversal Claims Report
                NYR   Claims Submitted, Not Yet Released
                REC   Recent Transactions
                DAY   Totals by Date
                CLO   Closed Claims Report
        OTH   **Other Reports . . .**
                PAY   Payer Sheet Detail Report
                PHAR   ECME Setup - Pharmacies Report
                TAT   Turn-around time statistics

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2. Implementation and Maintenance

2.1 Site Parameters

The site parameters consist of the editing of the basic pharmacy Electronic Claims Management Engine (ECME) parameters and the association of the outpatient sites with the ECME pharmacy.

2.2 Editing the Basic Pharmacy ECME Parameters

The *Edit Basic Pharmacy ECME Parameters* option allows the user to determine how long progress messages will display on the screen when claims are being processed in the foreground.

To edit this parameter, use the following menu path:

> *ECME Main Menu* [BPSMENU] (Locked: BPSMENU)
>> *Pharmacy ECME Manager Menu* [BPS MANAGER MENU] (Locked: BPS MANAGER)
>>> *Pharmacy ECME Setup Menu* [BPS SETUP MENU]
>>>> *Edit Basic Pharmacy ECME Parameters* [BPS SETUP PART 1] (Locked: BPS MASTER)

Example of Screen print

```
Edit Pharmacy ECME configuration

ECME timeout? (0 to 30 seconds)  : 30//
```

2.2.1 Associating the Outpatient Sites with an ECME Pharmacy

This option enables the pharmacy users to submit third party claims.

To edit this parameter, use the following menu path:

> *ECME Main Menu* [BPSMENU] (Locked: BPSMENU)
>> *Pharmacy ECME Manager Menu* [BPS MANAGER MENU] (Locked: BPS MANAGER)
>>> *Edit Pharmacy ECME Pharmacy Data* [BPS SETUP PHARMACY] (Locked: BPS MASTER)

The following is a list of prompts related to the Associating of Outpatient Sites with an ECME Pharmacy option.

- **Select BPS PHARMACIES NAME:** Enter a BPS PHARMACIES NAME, OR OUTPATIENT SITE. By entering a question mark (?), the system will return the available BPS Pharmacies. A new BPS Pharmacy can be entered and the name

must be 3 – 30 alphabetical characters (<u>not</u> numeric and can <u>not</u> start with a punctuation mark).

- **STATUS:** Displays the current status (Active/Inactive). This is entered in the Register Pharmacy with Austin Automation Center option [BPS SETUP REGISTER PHARMACY] and is a read-only field on this screen.

- **NCPDP #:** Displays the Pharmacy NCPDP #. This is a number assigned to your pharmacy by the NCPDP and was formerly called NABP #. This is entered in the Register Pharmacy with Austin Automation Center option [BPS SETUP REGISTER PHARMACY] and is a read-only field on this screen.

- **NPI:** Display the Pharmacy NPI #. This is a number assigned to your pharmacy by CMS (?) and was requested by the Central Business Office (CBO). It is automatically determined based on the linkage of the BPS Pharmacy to the Outpatient Site.

- **Select OUTPATIENT SITE:** You may enter a new OUTPATIENT SITE, if you wish. One or more of the VISTA pharmacy package's Outpatient Sites (File 59) must be associated with the ECME Pharmacy entry.

- **CMOP SWITCH:** Enter ON to process CMOP claims via ECME, OFF to not process CMOP claims. Choose from: 0-CMOP OFF/1-CMOP ON.

- **AUTO-REVERSE PARAMETER:** ECME shall use the following AUTO-REVERSE site parameter when determining whether non-released prescription claims (that have a PAYABLE payer returned response) are to be automatically REVERSED. The AUTO-REVERSE site parameter is set for the number of days that ECME will wait before the claim is automatically REVERSED. ECME will allow the user to enter a number between 0-30 as follows: 0 - ECME Auto-Reverse is turned off, 1 to 30 - ECME will wait the entered number of days before REVERSING the non-released Rx with a payer returned response.

- **DEFAULT DEA #:** Many insurances require the prescriber's DEA number as part of the claim. If your pharmacy has a DEA # that may be used in case a prescriber doesn't have this DEA # on file with you, enter that default DEA # here.

Example of Screen print

```
Select BPS PHARMACIES NAME: DAYTON

NAME: DAYTON
STATUS: ACTIVE
NCPDP #: 3664085
NPI: 1234567895
Select OUTPATIENT SITE: DAYTON// <ENTER>
  OUTPATIENT SITE: DAYTON// <ENTER>
Select OUTPATIENT SITE: <ENTER>
```

```
CMOP SWITCH: CMOP ON// <ENTER>
AUTO-REVERSE PARAMETER: 10// <ENTER>
DEFAULT DEA #: XX11111111// <ENTER>
```

2.3 System Requirements

There are not any specific hardware requirements for the ECME V. 1.0 package.

2.3.1 Disk Space Requirements

Since this version is distributed using KIDS, the transport global is automatically deleted after the initial installation.

There are approximately 230 ECME V. 1.0 routines, taking up approximately 980K of disk space.

2.3.2 Journaling Globals

The ECME V. 1.0 package uses the namespace BPS. All BPS globals should be journaled, if journaling is used.

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3. Files

Note: For Version 1.0, the files, 9002313.82* and 9002313.83 are not used by any options accessible by users. However, they are usable in Join-type pointers with certain computed fields in the BPS LOG OF TRANSACTIONS file (#9002313.57), and as such, may be of interest in developing site-specific receipts now, and as a platform for developing a general receipt capability for the next version.

9002313.02	^BPSC(	BPS CLAIMS	Intermediate form of claims. Fields are stored in formatted form. Raw packet is stored, too. Most fields are in Free Text format to accommodate NCPDP Standard formatting criteria and required field lengths. Fields other than those with decimals in the number correlate directly to the field numbers supplied in the NCPDP Data Dictionary.
9002313.03	^BPSR(	BPS RESPONSES	Intermediate form of responses to claims. Data is stored in formatted form, as received from insurer. Raw data packet may also be present.
9002313.1	^BPSCOMB(	BPS COMBINED INSURANCE	Temporarily gather insurance data into a common global to facilitate automatic insurance selection. A copy of the ^ABSBCOMB file as found in ILC A/R Version 2. The only reason a separate file is kept here is because of name spacing. Some reworking will be needed for BBM package.
9002313.21	^BPS(9002313.21,	BPS NCPDP PROFESSIONAL SERVICE CODE	Static dictionary that is used to store the possible NCPDP PROFESSIONAL SERVICE CODE values, which are used for overriding DUR rejects. This file is populated

			by the installation and should not be edited by sites.
9002313.22	^BPS(9002313.22,	BPS NCPDP RESULT OF SERVICE CODE	Static dictionary that is used to store the possible NCPDP RESULT OF SERVICE CODE values, which are used for overriding DUR rejects. This file is populated by the installation and should not be edited by sites.
9002313.23	^BPS(9002313.23,	BPS NCPDP REASON FOR SERVICE CODE	Static dictionary that is used to store the possible NCPDP REASON FOR SERVICE CODE values, which are used for overriding DUR rejects. This file is populated by the installation and should not be edited by sites.
9002313.24	^BPS(9002313.24,	BPS NCPDP DAW CODE	Static dictionary that is used to store NCPDP DAW (Dispense As Written) codes, which are used for prescription electronic claim transmission to third party payers. This file is populated by the installation and should not be edited by sites.
9002313.31	^BPS(9002313.31,	BPS CERTIFICATION	Data for development use in certifying software when required by switches and claims end processors. Also contains test claim used by MGR/TEST option.
9002313.4	^BPSEI(	BPS INSURER	Insurers for whom claims are being sent electronically. Various other insurer-specific, BPS-specific parameters DINUM'd to ^AUTNINS.
9002313.51	^BPS(9002313.51,	BPS DATA INPUT	Data input. Used by Screen Manager; routines BPSOSI* primarily. BPSOSRX calls and old-style data input also manage to find their way into this file - it's one standard pathway through which all

			data arrives in Point of Sale.
9002313.511	^BPS(9002313.511,	BPS NCPDP OVERRIDE	More input. Override of specific NCPDP fields. BPSOSO* routines (letter O)
9002313.515	^BPS(9002313.515,	BPS INPUT USER PREF	User preferences for certain operations, especially ScreenMan input. Seldom used.
9002313.516	^BPS(9002313.516,	BPS ORIGIN OF INPUT	Codes used in 9002313.59, 9002313.57, 9002313.51 to describe where the input came from. This file is overwritten by installation.
9002313.53	^BPS(9002313.53,	BPS PRICING TABLES	Different pricing policies can be maintained for different insurers. 1 is always named STANDARD. Site may create more. STANDARD is not changed by upgrade (that is, no overwriting happens.)
9002313.55	^BPS(9002313.55,	BPS DIALOUT	Stores ECME connection information.
9002313.56	^BPS(9002313.56,	BPS PHARMACIES	Pharmacy-specific data -- NCPDP #, NPI, default DEA #, etc. One BPS PHARMACY has a list of one or more OUTPATIENT SITES (file 59)
9002313.57	^BPSTL(	BPS LOG OF TRANSACTIONS	A copy of 9002313.59. As each transaction completes, a snapshot of 9002313.59 entry is placed here in 9002313.57.
9002313.58	^BPSECX("S",	BPS STATISTICS	Statistics, as displayed by List Manager and ^BPSOS2.
9002313.59	^BPST(	BPS TRANSACTION	Transactions in progress. When complete (status 99), a copy of the record is placed in 9002313.57.
9002313.61	^BPSECX("RPT",	BPS REPORT MASTER	Ties together pointers to the prescription/fill and the latest transaction for the fill - for easy FileMan report writing.
9002313.81	^BPSF(9002313.81,	BPS TRANSLATE	Translation of relationship

		9999999.36	names (which match those in 9999999.36, ^AUTTRLSH) to relationship code for claim messages. This table is overwritten by the installation.
9002313.82103	^BPSF(9002313.821 03,	BPS NCPDP FIELD 103	Values for NCPDP field 103, Transaction Code. GENERAL REMARK ABOUT THE 9002313.82*** FILES: They're used much like a FileMan Set of Codes field might be used. 1) Sometimes the same field appears in more than one file. We avoid maintaining the same set of codes multiple times. 2) Quantity of data - some of these fields would have to be chopped and abbreviated in a big way in order to fit in one global data dictionary node. 3) Consistency - we nevertheless want to hand all of these NCPDP fields with set of codes-like values in a consistent way, so even the ones which don't fall under the conditions 1) or 2) are handled this way. Future extensions / expansions, which are at the whim of NCPDP, can be handled with no change to the Point of Sale application. 5) Backwards compatibility - many fields in 9002313.02 and .03 are already implemented as free text fields, sometimes with a two-byte field ID prefixed. It could get messy if we had to change them. Now, what we might do in

			future development is to implement certain fields as pointers to these files. ~ Special note for Version 1.0: These fields are not used by any options reachable by users. However, they are usable in Join-type pointers with certain computed fields in 9002313.57 BPS TRANSACTIONS, and as such, may be of interest in developing site-specific receipts now, and as a platform for developing a general receipt capability for the next version.
9002313.82305	^BPSF(9002313.823 05,	BPS NCPDP FIELD 305	Values for NCPDP field 305, Sex Code.
9002313.82306	^BPSF(9002313.823 06,	BPS NCPDP FIELD 306	Values for NCPDP field 306, RELATIONSHIP CODE.
9002313.82307	^BPSF(9002313.823 07,	BPS NCPDP FIELD 307	Values for NCPDP field 307, Customer Location.
9002313.82308	^BPSF(9002313.823 08,	BPS NCPDP FIELD 308	Values for NCPDP field 308, Other Coverage Code.
9002313.82309	^BPSF(9002313.823 09,	BPS NCPDP FIELD 309	Values for NCPDP field 309, Eligibility Clarification Code.
9002313.82406	^BPSF(9002313.824 06,	BPS NCPDP FIELD 406	Values for NCPDP field 406, Compound Code
9002313.82408	^BPSF(9002313.824 08,	BPS NCPDP FIELD 408	Values for NCPDP field 408, Dispense as Written (DAW) / Product Selection Code.
9002313.82416	^BPSF(9002313.824 16,	BPS NCPDP FIELD 416	Values for the leading digit of NCPDP field 416, PAMC Code and Number.
9002313.82419	^BPSF(9002313.824 19,	BPS NCPDP FIELD 419	Values for NCPDP field 419, Prescription Origin Code.
9002313.8242	^BPSF(9002313.824 2,	BPS NCPDP FIELD 420	Values for NCPDP Field 420, Prescription Clarification Code.
9002313.82423	^BPSF(9002313.824 23,	BPS NCPDP FIELD 423	Values for NCPDP Field 423, BASIS OF COST DETERMINATION. Indicates the method by which the drug cost (field

			409) was calculated.
9002313.82425	^BPSF(9002313.824 25,	BPS NCPDP FIELD 425	Values for NCPDP field 425, Drug Type.
9002313.82429	^BPSF(9002313.824 29,	BPS NCPDP FIELD 429	Values for NCPDP field 429, Unit Dose Indicator
9002313.82432	^BPSF(9002313.824 32,	BPS NCPDP FIELD 432	Values for NCPDP field 432, BASIS OF DAYS SUPPLY DETERMINATION.
9002313.82436	^BPSF(9002313.824 36,	BPS NCPDP FIELD 436	Values for Field 436, Alternate Product Type. The code number identifies the product type that was dispensed. This code is used only if the National Drug Code number is not available.
9002313.82439	^BPSF(9002313.824 39,	BPS NCPDP FIELD 439	Values for NCPDP field 439, DUR Conflict Code.
9002313.8244	^BPSF(9002313.824 4,	BPS NCPDP FIELD 440	Values for NCPDP field 440, DUR Intervention Code.
9002313.82441	^BPSF(9002313.824 41,	BPS NCPDP FIELD 441	Values for NCPDP field 441, DUR Outcome Code
9002313.82501	^BPSF(9002313.825 01,	BPS NCPDP FIELD 501	Values for NCPDP field 501, Response Status
9002313.82522	^BPSF(9002313.825 22,	BPS NCPDP FIELD 522	Values for field 522, BASIS OF REIMBURSEMENT DETERMINATION.
9002313.82528	^BPSF(9002313.825 28,	BPS NCPDP FIELD 528	Meanings of codes in NCPDP field 528.CLINICAL SIGNIFICANCE CODE a/k/a SEVERITY INDEX CODE.
9002313.82529	^BPSF(9002313.825 29,	BPS NCPDP FIELD 529	Values of NCPDP field 529, OTHER PHARMACY INDICATOR.
9002313.82532	^BPSF(9002313.825 32,	BPS NCPDP FIELD 532	Values of NCPDP field 532, DATABASE INDICATOR.
9002313.82533	^BPSF(9002313.825 33,	BPS NCPDP FIELD 533	Values for NCPDP field 533, OTHER PRESCRIBER INDICATOR.
9002313.82535	^BPSF(9002313.825 35,	BPS NCPDP FIELD 535	Values for NCPDP field 535, DUR OVERFLOW.
9002313.83	^BPSF(9002313.83,	BPS RESULT CATEGORY	A list of the possible result categories, as returned by CATEG^BPSOSUC(). This

				table is overwritten by the installation.
9002313.89	^BPSF(9002313.89,	BPS ERROR CODES		Obsolete. But it may be revived. This table is overwritten by the installation.
9002313.91	^BPSF(9002313.91,	BPS NCPDP FIELD DEFS		The NCPDP Data Dictionary Individual fields which combine into formatted packets. Installation overwrites this file, totally.
9002313.92	^BPSF(9002313.92,	BPS NCPDP FORMATS		The formats for sending claims. This file was initially installed as part of the dormant release and updates are sent by the AAC via HL7. Never modify locally, except in cooperation with development.
9002313.93	^BPSF(9002313.93,	BPS NCPDP REJECT CODES		Rejection codes as defined by NCPDP. Never edit this file. Installation overwrites this file, totally.
9002313.94	^BPSF(9002313.94,	BPS INSURANCE RULES		The insurance rules which are available for selection. Never edit this file.
9002313.99	^BPS(9002313.99,	BPS SETUP		All manner of parameters and stuff. Always has one and only one entry, IEN `1.

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4. Routines

4.1 Descriptions

The following routine list for Outpatient Pharmacy appears when the new routine set is loaded. Each routine's first line contains a brief description of the routine's function. Use the First Line Routine Print [XU FIRST LINE PRINT] option to print a list of just the first line of each BPS* routine.

The following routines are exported by the Electronic Claims Management Engine (ECME) V. 1.0 package.

BPS01P1	BPS01P2	BPS01P3	BPS02P1	BPS03P1	BPSBCKJ
BPSBUTL	BPSCEAR	BPSCMT	BPSCMT01	BPSCT	BPSECA1
BPSECA2	BPSECA4	BPSECA5	BPSECA7	BPSECA8	BPSECFM
BPSECMC2	BPSECMP2	BPSECMPS	BPSECP1	BPSECP2	BPSECX0
BPSECX1	BPSECX4	BPSJACK	BPSJAREG	BPSJHLI	BPSJHLT
BPSJINI1	BPSJINIT	BPSJPAY	BPSJPHNM	BPSJPREG	BPSJUTL
BPSJUTL1	BPSJVAL	BPSJVAL1	BPSJVAL2	BPXJXI1	BPSJZPR
BPSJZQR	BPSJZRP	BPSMHDR	BPSNCPD1	BPSNCPD2	BPSNCPD3
BPSNCPDP	BPSNPI	BPSOS	BPSOS03	BPSOS2	BPSOS25
BPSOS29	BPSOS2A	BPSOS2B	BPSOS2C	BPSOS2D	BPSOS57
BPSOS6A	BPSOS6B	BPSOS6C	BPSOS6D	BPSOS6E	BPSOS6F
BPSOS6G	BPSOS6H	BPSOS6I	BPSOS6J	BPSOS6L	BPSOS6M
BPSOS6N	BPSOS9	BPSOSA	BPSOSAA	BPSOSAB	BPSOSAD
BPSOSAM	BPSOSAN	BPSOSAO	BPSOSAP	BPSOSAQ	BPSOSAR
BPSOSAS	BPSOSAW	BPSOSAY	BPSOSB	BPSOSB3	BPSOSBB
BPSOSBC	BPSOSBD	BPSOSBF	BPSOSBM	BPSOSBP	BPSOSBQ
BPSOSBT	BPSOSBV	BPSOSBW	BPSOSBX	BPSOSC2	BPSOSC3
BPSOSCA	BPSOSCB	BPSOSCC	BPSOSCD	BPSOSCE	BPSOSCF
BPSOSH2	BPSOSH4	BPSOSH5	BPSOSH6	BPSOSH7	BPSOSHF
BPSOSHR	BPSOSHU	BPSOSI	BPSOSI1	BPSOSI7	BPSOSI8
BPSOSIF	BPSOSIV	BPSOSIW	BPSOSIY	BPSOSIZ	BPSOSK
BPSOSK1	BPSOSK2	BPSOSL	BPSOSL1	BPSOSM	BPSOSM1
BPSOSM2	BPSOSNC	BPSOSO	BPSOSO1	BPSOSO2	BPSOSP
BPSOSQ	BPSOSQ1	BPSOSQ2	BPSOSQ3	BPSOSQ4	BPSOSQA
BPSOSQB	BPSOSQC	BPSOSQD			

BPSOSQF	BPSOSQG	BPSOSQH	BPSOSQJ	BPSOSQL	BPSOSQP
BPSOSQQ	BPSOSQS	BPSOSR2	BPSOSRB	BPSOSRX	BPSOSS2
BPSOSS3	BPSOSS6	BPSOSS8	BPSOSS9	BPSOSSG	BPSOSU
BPSOSU1	BPSOSU2	BPSOSU3	BPSOSU4	BPSOSU5	BPSOSU6
BPSOSU7	BPSOSU8	BPSOSU9	BPSOSUA	BPSOSUC	BPSOSUD
BPSOSUE	BPSP11P	BPSPHAR	BPSRDT1	BPSREOP	BPSREOP1
BPSRES	BPSRPAY	BPSRPT0	BPSRPT1	BPSRPT2	BPSRPT3
BPSRPT4	BPSRPT5	BPSRPT6	BPSRPT7	BPSRPT8	BPSRREV
BPSRSELG	BPSRSEV	BPSRSHLD	BPSRSINS	BPSRSM	BPSRSPRS
BPSRSRLC	BPSRSTPJ	BPSSCR	BPSSCR01	BPSSCR02	BPSSCR03
BPSSCR04	BPSSCRCL	BPSSCRCU	BPSSCRCV	BPSSCRDS	BPSSCRDV
BPSSCRLG	BPSSCRPR	BPSSCRRS	BPSSCRRV	BPSSCRSL	BPSSCRU1
BPSSCRU2	BPSSCRU3	BPSSCRU4	BPSSCRU5	BPSSCRU6	BPSSCRUD
BPSUSCR	BPSUSCR1	BPSUSCR4	BPSUTIL		

4.2 Callable Routines

Entry points provided by the ECME V. 1.0 package to other software packages can be found in the External Relationships section of this manual. No other routines are designated as callable from outside of this package.

4.3 Routine Mapping

No recommendations are made for routine mapping. However, to map the E Claims Management Engine V1.0 package routines, the system will need to be brought down and then restarted to load the new routines into memory.

5. Templates

5.1 Print Templates

NAME	FILE
BPS GRACE	BPS INSURER (# 9002313.4)
BPS INSURANCE RULES AVAIL	BPS INSURANCE RULES (# 9002313.94)
BPS INSURANCE RULES IN-USE	BPS SETUP (# 9002313.99)
BPS INSURERS	BPS INSURER (# 9002313.4)
BPS NCPDP	BPS INSURER (# 9002313.4)
BPS PREBILL	BPS INSURER (# 9002313.4)
BPS PRICING TABLES	BPS PRICING TABLES (# 9002313.53)
BPS TECH – FILES	FILE (#1)
BPS TECH – OPTIONS	OPTION (#19)
BPS UN/BILLIABLE	BPS INSURER (# 9002313.4)
BPS USER PREFERENCES	BPS INPUT USER PREF (# 9002313.515)
BPS WORKERS COMP	BPS INSURER (# 9002313.4)

5.2 Input Templates

NAME	FILE
BPSJ ALT CONTACT ENTER/EDIT	BPS SETUP (# 9002313.99)
BPSJ CONTACT ENTER/EDIT	BPS SETUP (# 9002313.99)
BPSJ PHARM ALT CONT ENTER/EDIT	BPS PHARMACIES (# 9002313.56)
BPSJ PHARM CONTACT ENTER/EDIT	BPS PHARMACIES (# 9002313.56)
BPSJ PHARMACIST ENTER/EDIT	BPS PHARMACIES (# 9002313.56)
BPSJ PHARMACY SITE ENTER/EDIT	BPS PHARMACIES (# 9002313.56)

5.3 Sort Templates

NAME	FILE
BPS GRACE	BPS INSURER (# 9002313.4)
BPS INSURANCE RULES AVAIL	BPS INSURANCE RULES (# 9002313.94)
BPS INSURANCE RULES IN-USE	BPS SETUP (# 9002313.99)
BPS INSURERS	BPS INSURER (# 9002313.4)
BPS NCPDP	BPS INSURER (# 9002313.4)
BPS PREBILL	BPS INSURER (# 9002313.4)
BPS PRICING TABLES	BPS PRICING TABLES (# 9002313.53)

BPS SETUP PHARMACIES   BPS PHARMACIES (# 9002313.56)
BPS TECH – FILES   FILE (#1)
BPS TECH – OPTIONS   OPTION (#19)
BPS UN/BILLABLE   BPS INSURER (# 9002313.4)
BPS USER PREFERENCES   BPS INPUT USER PREF (# 9002313.515)
BPS WORKERS COMP   BPS INSURER (# 9002313.4)

5.4 List Templates

BPS LSTMN COMMENTS
BPS LSTMN DEVLOG
BPS LSTMN ECME REOPEN
BPS LSTMN ECME UNSTRAND
BPS LSTMN ECME USRSCR
BPS LSTMN LOG
BPS LSTMN RSCH MENU
BPS STATISTICS AND MANAGEMENT

Example: How to Print List Templates using VA FileMan

```
VA FileMan 22.0


Select OPTION: INQUIRE TO FILE ENTRIES

OUTPUT FROM WHAT FILE: BPS NCPDP FIELD 306// LIST TEMPLATE     (481 entries)
Select LIST TEMPLATE NAME: BPS
     1   BPS STATISTICS AND MANAGEMENT
     2   BPS USER SCREEN
CHOOSE 1-2: 1  BPS STATISTICS AND MANAGEMENT
ANOTHER ONE: <Enter>
STANDARD CAPTIONED OUTPUT? Yes//  <Enter> (Yes)
Include COMPUTED fields:  (N/Y/R/B): NO// <Enter> - No record number (IEN), no Computed
 Fields

NAME: BPS STATISTICS AND MANAGEMENT     TYPE OF LIST: PROTOCOL
  RIGHT MARGIN: 80                      TOP MARGIN: 3
  BOTTOM MARGIN: 18                     OK TO TRANSPORT?: NOT OK
  USE CURSOR CONTROL: YES               PROTOCOL MENU: BPS PROTOCOL 2
  SCREEN TITLE: ECME MANAGEMENT         ALLOWABLE NUMBER OF ACTIONS: 1
  AUTOMATIC DEFAULTS: YES               HIDDEN ACTION MENU: VALM HIDDEN ACTIONS
  ARRAY NAME:  ^TMP("BPSOS2",$J)        EXIT CODE: D EXIT^BPSOS2
  HEADER CODE: D HDR^BPSOS2             HELP CODE: D HELP^BPSOS2
  ENTRY CODE: D INIT^BPSOS2
```

6. Exported Options

6.1 Stand-alone Options

All of the Electronic Claims Management Engine (ECME) V. 1.0 package options are designed to stand-alone and can be accessed without first accessing the top-level menu. All of the options can be placed on menus other than their original menu without any additional editing, though users will still be required to hold the proper security key to gain access to each particular option.

6.2 Top-level Menus

The ECME Main Menu [BPSMENU] option is the top-level menu. It contains the following option and two main BPS sub-menus.

Claims Data Entry Screen   [BPS USER SCREEN]
Pharmacy ECME Manager Menu   [BPS MANAGER MENU]
Pharmacy Electronic Claims Reports   [BPS MENU RPT MAIN]

6.2.1 Key Assignment

The ECME Main Menu [BPSMENU] and its main sub-menus require users to possess particular keys in order for them to be accessed. The following keys control the ECME Main Menu and its three main sub-menus.

KEY	**Menu**
BPSMENU:	Required for accessing the main ECME menu [BPSMENU]
BPS USER:	Required for accessing the ECME User's Screen [BPS USER SCREEN]
BPS MANAGER:	Required for accessing the following ECME options: ▪ Pharmacy ECME Manager Menu [BPS MANAGER MENU] ▪ Statistics Screen [BPS STATS SCREEN] ▪ ECME transaction maintenance options [BPS MENU MAINTENANCE] ▪ View/Unstrand Claims Not Completed [BPS UNSTRAND SCREEN] ▪ Re Open CLOSED Claims [BPS REOPEN CLOSED CLAIMS]
BPS MASTER:	Required for accessing the following ECME options: ▪ Pharmacy ECME Setup Menu [BPS SETUP MENU]

- Edit Basic Pharmacy ECME Parameters [BPS SETUP BASIC PARAMS]
- Edit ECME Pharmacy Data [BPS SETUP PHARMACY]
- Register Pharmacy with Austin Automation Center [BPS SETUP REGISTER PHARMACY]

BPS REPORTS: Required for accessing the following ECME options:
- Pharmacy Electronic Claims Reports [BPS MENU RPT MAIN]
- Claim Results and Status [BPS MENU RPT CLAIM STATUS]
- Setup (Configuration) Reports [BPS MENU RPT SETUP]
- Recent Transactions [BPS RPT RECENT TRANSACTIONS]
- Closed Claims Report [BPS RPT CLOSED CLAIMS]
- CMOP/ECME Activity Report [BPS RPT CMOP/ECME ACTIVITY]
- Claims Submitted, Not Yet Released [BPS RPT NOT RELEASED]
- Payable Claims Report [BPS RPT PAYABLE]
- Payer Sheet Detail Report [BPS RPT PAYER SHEET DETAIL]
- Rejected Claims Report [BPS RPT REJECTION]
- Reversal Claims Report [BPS RPT REVERSAL]
- Totals by Date [BPS RPT TOTALS BY DAY]
- Turn-around time statistics [BPS RPT TURNAROUND STATS]
- ECME Setup - Pharmacies Report [BPS RPT SETUP PHARMACIES]

6.2.2 Menu Placement

It is recommended that the user place the ECME V. 1.0 main menu and sub-menus on the Core Applications menu where the other package menus are found.

6.3 Options

The following options are exported with the ECME V. 1.0 package.

Option Name	Menu Text
BPS MANAGER MENU	Pharmacy ECME Manager Menu
BPS MENU MAINTENANCE	ECME transaction maintenance options
BPS MENU RPT CLAIM STATUS	Claim Results and Status
BPS MENU RPT MAIN	Pharmacy Electronic Claims Reports
BPS MENU RPT OTHER	Other Reports
BPS MENU RPT SETUP	Setup (Configuration) Reports
BPS NIGHTLY BACKGROUND JOB	BPS Nightly Background Job
BPS REOPEN CLOSED CLAIMS	Re Open CLOSED Claims
BPS RPT RECENT TRANSACTIONS	Recent Transactions
BPS RPT CLOSED CLAIMS	Closed Claims Report
BPS RPT CMOP/ECME ACTIVITY	CMOP/ECME Activity Report
BPS RPT ERRONEOUS REV	List Possible Erroneous Reversals
BPS RPT NOT RELEASED	Claims Submitted, Not Yet Released
BPS RPT PAYABLE	Payable Claims Report
BPS RPT PAYER SHEET DETAIL	Payer Sheet Detail Report
BPS RPT REJECTION	Rejected Claims Report
BPS RPT REVERSAL	Reversal Claims Report
BPS RPT SETUP PHARMACIES	ECME Setup - Pharmacies Report
BPS RPT TOTALS BY DAY	Totals by Date
BPS RPT TURNAROUND STATS	Turn-around time statistics

Option Name	Menu Text
BPS SETUP MENU	Pharmacy ECME Setup Menu
BPS SETUP BASIC PARAMS	Edit Basic Pharmacy ECME Parameters
BPS SETUP PHARMACY	Edit Pharmacy ECME Pharmacy Data
BPS SETUP REGISTER PHARMACY	Register Pharmacy with Austin Automation Center
BPS STATS SCREEN	Statistics Screen
BPS UNSTRAND SCREEN	View/Unstrand Claims Not Completed
BPS USER SCREEN	Claims Data Entry Screen
BPSMENU	ECME

Example: How to Print the Exported Options Using VA FileMan

```
VA FileMan 22.0


Select OPTION: 5  INQUIRE TO FILE ENTRIES

OUTPUT FROM WHAT FILE: OPTION// <Enter>
Select OPTION NAME: BPSMENU        ECME
ANOTHER ONE: <Enter>
STANDARD CAPTIONED OUTPUT? Yes// <Enter>  (Yes)
Include COMPUTED fields:  (N/Y/R/B): NO// <Enter> - No record number (IEN), no Computed
 Fields
DISPLAY AUDIT TRAIL? No// <Enter>  NO

NAME: BPSMENU                          MENU TEXT: ECME
  TYPE: menu                           CREATOR: ECMEuser,One
  LOCK: BPSMENU                        PACKAGE: IHS PHARMACY POINT OF SALE
  E ACTION PRESENT: YES                HEADER PRESENT?: YES
 DESCRIPTION:   The main menu
ITEM: BPS MANAGER MENU                 SYNONYM: MGR
  DISPLAY ORDER: 2
ITEM: BPS USER SCREEN                  SYNONYM: U
  DISPLAY ORDER: 1
ITEM: BPS MENU RPT MAIN                SYNONYM: RPT
  DISPLAY ORDER: 4
  ENTRY ACTION: K BPSQUIT D INIT^BPSMHDR I $G(BPSQUIT) K BPSQUIT S XQUIT=1
  HEADER: D HDR^BPSMHDR               TIMESTAMP: 60116,62862
  TIMESTAMP OF PRIMARY MENU: 60044,54655
  UPPERCASE MENU TEXT: ECME


Select OPTION NAME:
```

7. Archiving and Purging

7.1 Archiving

At present, the Electronic Claims Management Engine (ECME) V. 1.0 package does not provide for the archiving of its data.

7.2 Purging

There is not any automatic or manual purging of data at this time.

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8. Callable Routines/Entry Points/Application Programmer Interfaces (APIs)

The only calls into Electronic Claims Management Engine (ECME) V. 1.0 should be done by the Pharmacy package interface and Claims Tracking.

8.1 Callable Routines

There are no callable routines. Please see the API section for callable entry points.

8.2 Application Programmer Interfaces (APIs)

8.2.1 $$EN^BPSNCPDP(BRXIEN,BFILL,BFILLDAT,BWHERE,BILLNDC ,REVREAS,DURREC,BPOVRIEN)

Submit a claim to ECME. This will check with IB if the claim is ECME billable. If it is, the claim will be put on a queue and processed. Note that this option is only available to Outpatient Pharmacy and Integrated Billing.

Input Parameters:
- BRXIEN - Prescription IEN (Required)
- BFILL - Prescription Fill Number (Optional). If omitted, the first fill is assumed.
- BFILLDAT - Fill Date of current prescription and fill number. If omitted, the current day is assumed.
- BWHERE - Prescription Action (Optional). Possible Values are:
    - AREV = Auto-Reversal
    - BB = Back Billing
    - CRLB = CMOP Release & Rebill
    - CRLR = CMOP Release & Reverse (successful release)
    - CRLX = CMOP unsuccessful release & reverse
    - DC = Discontinue - only reverse un-released PAYABLE DC's, release date check should be in calling routine.
    - DDED = Delete in edit
    - DE = Delete
    - ED = Edit
    - ERES = Resubmit from ECME user screen
    - EREV = Reversal from ECME user screen
    - OF = Original Fill
    - PC = Pull CMOPs
    - PE = Pull early from suspense
    - PL = Pull local from suspense

- o PP = PP from Patient Prescription Processing option.
- o RF = Refill
- o RL = Release Rx NDC check - Rebill if billed NDC doesn't match release NDC
- o RN = Renew
- o RRL = Original claim rejected, submit another claim, no reversal
- o RS = Return-to-Stock
- BILLNDC - Valid NDC# with format 5-4-2 (Optional). If omitted, the NDC for the prescription/fill is assumed.
- REVREAS - Reversal Reason (Optional)
- DURREC - String of DUR info - Three "^" pieces (Optional)
  - o Professional Service Code
  - o Reason for Service Code
  - o Result of Service Code
- BPOVRIEN - Pointer to the BPS NCPCP OVERRIDE file (#9002313.511).

Return Value:
  This is a response code and a message separated with an up-arrow '^'.
  RESPONSE:
    0 - Submitted through ECME
    1 - No submission through ECME
    2 - IB not billable
    3 - Claim was closed, not submitted (RTS/Deletes)
    4 - Unable to queue claim
    5 - Incorrect information supplied to ECME
  MESSAGE:
    Text message with a more detailed description of the reason a claim was not processed or more information regarding a successful submission.

Examples;
    0^Prescription 123456 was successfully submitted to ECME.
    2^Plan not active, local.

8.2.2 $$STATUS^BPSOSRX(RXI,RXR,QUE)

This function returns the ECME billing status of a particular prescription and is available to Outpatient Pharmacy and Integrated Billing.

Note: If the claim has already been processed and it's resubmitted, a reversal will be done first, and then the resubmit will be done. Intervening calls to $$STATUS may show progress of the reversal before the resubmitted claim is processed.

Input Parameters:
- The RXI argument is required - a pointer to ^PSRX(*
- The RXR argument is optional - a pointer to ^PSRX(RXI,1,*. If RXR is omitted, the first fill is assumed.
- The QUE argument is optional – if it is not passed in, it will be defaulted to 1. This parameter indicates whether the processing queue should be checked. If it is 1, the processing queue will be checked to determine the status. Note that all external calling functions should either not pass this parameter or set it to 1. They should not set it to 0 or "". Those parameters are meant for internal ECME processing.

Return Value:
- If there is no ECME record of this RXI and RXR, then the return value is null. Otherwise, the return value is RESULT^TIME^DESCRIPTION.

  RESULT is IN PROGRESS (if the claim is still processing), or if the claim is complete, result is one of the following.

  Claims Requests:
  - E PAYABLE, E REJECTED, E CAPTURED, E DUPLICATE, E STRANDED, E OTHER

  Claims Reversals:
  - E REVERSAL ACCEPTED, E REVERSAL REJECTED, E REVERSAL STRANDED, E REVERSAL OTHER

  Both Requests and Reversals:
  - E CANCELLED, CORRUPT

  TIME is the FileMan date and time of the last update in the status of this claim. DESCRIPTION is the status of the claim if it is IN PROGRESS (e.g., Transmitting, Waiting for Packet Build, etc). If the claim is complete, the status is the result text, which may contain an error message if the claim was not able to complete.

8.2.3 $$NABP^BPSBUTL(RXP,BFILL)

This function returns the NABP number of the last ECME transaction for a particular prescription.

Input Parameters:
- The RXP argument is required - a pointer to ^PSRX(*
- The BFILL argument is optional - a pointer to ^PSRX(RXP,1,*. If BFILL is omitted, the first fill is assumed.

Return Value:
- If there is no ECME record of this RXP,BFILL, then the return value is null. Otherwise, returns the NABP number.

8.2.4 $$CLAIM^BPSBUTL(RXI,RXR)

This API is used to retrieve the most recent ECME transaction, claim, and response information related to a specific prescription and fill.

Input Parameters:
- RXI – Prescription IEN (Pointer to the PRESCRIPTION File (#52))
- RXR – Fill Number (0 for Original, 1 for 1st refill, 2 for the 2nd refill, etc.)

Return Value:
- The following information is returned ("^" pieces):
  - o 1 - BPS TRANSACTION file (#9002313.59) pointer
  - o 2 - BPS CLAIMS file (#9002313.02) pointer
  - o 3 - BPS RESPONSES file (#9002313.03) pointer
  - o 4 - BPS CLAIMS file (#9002313.02) pointer for REVERSAL Claim
  - o 5 - BPS RESPONSES file (#9002313.03) pointer for REVERSAL Claim

8.2.5 $$DIVNCPDP^BPSBUTL(ABSBPDIV)

This API returns the NABP/NCPDP number for a specific outpatient site.

Input Parameters:
- ABSBPDIV - Pointer to the Outpatient Site file.

Return Value:
- The function returns NULL if the Outpatient Site is not passed in. It will also return NULL if the Outpatient Site is not linked to a BPS Pharmacy. Otherwise it will return the NCPDP number associated with the Outpatient Site.

8.2.6 $$ADDCOMM^BPSBUTL(BPRX,BPREF,BPRCMNT)

This API is used to pass user entered comments about Rejects back to ECME.

Input Parameters:
- BPRX - Pointer to the PRESCRIPTION File (#52)).
- BPREF - Fill Number (0 for Original, 1 for 1st refill, 2 for the 2nd refill, etc.)
- BPRCMNT - Comments to be added to the BPS TRANSACTION file (#9002313.59).

Return Value:
- Returns 1 if the comments were added successfully.
- Returns -1 if the comments were not added successfully.

8.2.7 IBSEND^BPSECMP2(RXP,BFILL)

This API is used to send billing information from ECME to IB.

Input Parameters:
- RXP - Pointer to the PRESCRIPTION File (#52)
- BFILL - Fill Number (0 for Original, 1 for 1st refill, 2 for the 2nd refill, etc.)

Return Value:
- None

8.2.8 $$ECMEON^BPSUTIL(SITE)

This function indicates whether the ECME switch is on for an outpatient site.

Input Parameters:
- Site – Pointer to Outpatient Site.

Return Value:
- Returns 0 if the ECME switch is off for the outpatient site.
- Returns 1 if the ECME switch is on for the outpatient site.

8.2.9 $$CMOPON^BPSUTIL(SITE)

This function indicates whether the CMOP switch is on for an outpatient site.

Input Parameters:
- Site – Pointer to Outpatient Site.

Return Value:
- Returns 0 if the CMOP switch is off for the outpatient site.
- Returns 1 if the CMOP switch is on for the outpatient site.

8.3 Entry Points

Please see the API section for callable entry points.

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9. Protocols

BPS ECMECL1 NTE
BPS ECMESV1 NTE
BPS HIDDEN ACTIONS
BPS P1 CONTINUOUS
BPS P1 EXIT
BPS P1 NEW CLAIMS
BPS P1 PRINT PATIENT
BPS P1 QUIT
BPS P1 RECEIPT
BPS P2 CONTINUOUS
BPS P2 POKE
BPS P2 TMIT JOBS
BPS P2 TRANSMITTER
BPS P2 UPDATE
BPS P2 ZERO
BPS PROTOCOL 2
BPS PRTCL CMT ADD
BPS PRTCL CMT EXIT
BPS PRTCL CMT MENU
BPS PRTCL ECME USRSCR
BPS PRTCL LOG MENU
BPS PRTCL REOPEN
BPS PRTCL REOPEN EXIT
BPS PRTCL REOPEN MENU
BPS PRTCL RSCH CLAIM TRACKING
BPS PRTCL RSCH EXIT
BPS PRTCL RSCH IB EVENT REPORT
BPS PRTCL RSCH MENU
BPS PRTCL RSCH ON HOLD COPAY
BPS PRTCL RSCH RELEASE COPAY
BPS PRTCL RSCH TPJI
BPS PRTCL RSCH VIEW ELIG MENU
BPS PRTCL RSCH VIEW ELIGIBILITY
BPS PRTCL RSCH VIEW INSURANCE
BPS PRTCL RSCH VIEW PRESCRIPTION
BPS PRTCL UNSTRAND
BPS PRTCL UNSTRAND ALL
BPS PRTCL UNSTRAND EXIT
BPS PRTCL UNSTRAND PRINT
BPS PRTCL UNSTRAND SELECT
BPS PRTCL USRSCR CHANGE VIEW
BPS PRTCL USRSCR CLAIM LOG
BPS PRTCL USRSCR CLOSE

BPS PRTCL USRSCR COMMENT
BPS PRTCL USRSCR CONTINUOUS
BPS PRTCL USRSCR DEVELOPER LOG
BPS PRTCL USRSCR EXIT
BPS PRTCL USRSCR HIDDEN ACTIONS
BPS PRTCL USRSCR PRINT
BPS PRTCL USRSCR RESEARCH MENU
BPS PRTCL USRSCR RESUBMIT
BPS PRTCL USRSCR RESUBMIT EDITS
BPS PRTCL USRSCR REVERSE
BPS PRTCL USRSCR SORTLIST
BPS PRTCL USRSCR UPDATE
BPS VALM DOWN A LINE
BPS VALM FIRST SCREEN
BPS VALM GOTO PAGE
BPS VALM LAST SCREEN
BPS VALM NEXT SCREEN
BPS VALM PREVIOUS SCREEN
BPS VALM PRINT SCREEN
BPS VALM UP ONE LINE
BPSJ MFN REGISTER1
BPSJ PAYER INPUT
BPSJ PAYER RESPONSE
BPSJ REGISTER

10. External Relations

10.1 Software Requirements

The following software packages must be installed prior to ECME V. 1.0 installation.

- Health Level Seven (HL7) V. 1.6
- Integrated Billing (IB) V. 2.0
- Kernel V. 8.0
- MailMan V. 8.0
- National Drug File (NDF) V. 4.0
- Outpatient Pharmacy V. 7.0
- Pharmacy Data Management V. 1.0
- VA FileMan V. 22.0
- Visit Tracking V. 2.0
- Consolidated Mail Outpatient Pharmacy (CMOP) V. 2.0

 If the site plans to utilize the CMOP functionality, then CMOP V. 2.0 must also be installed.

10.2 Integration Agreements

E Claims Management Engine V1.0 has Data Base Integration Agreements (IAs) with the packages listed above, in addition to Registration (DG) and Scheduling (SD). For complete information regarding the IAs for O E Claims Management Engine V1.0, please refer to the Integration Agreement Menu [DBA IA ISC] option under the DBA [DBA] option on FORUM.

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11. Internal Relations

All of the ECME V. 1.0 package options are designed to stand-alone.

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12. Package-Wide Variables

12.1 SACC Exemptions

The BPS 1.0 dormant release required an exemption from the Standards and Conventions Committee (SACC) due to code that was imported from IHS that did not meet the SACC standards. The later active release, BPS 1.1, corrected any anomalies in routines and data dictionaries that were modified during the upgrade process. A management waiver has been granted with the provision that the violations will be resolved in Phase IV, the next phase of this project.

12.2 Variables

The following is a list of the more important namespace variables by the ECME V. 1.0 package. These variables are listed here for support purposes only and can change from version to version.

BPS array variables

The BPS array contains all the information needed to build a claim. This information comes from two main sources, IB/Insurance and Pharmacy data.

- BPS("Cardholder","First Name")
- BPS("Cardholder","Last Name")
- BPS("Claim","1","Prior Auth Num Sub")
- BPS("Claim","1","Prior Auth Type")
- BPS("Envoy Terminal ID")
- BPS("Home Plan")
- BPS("Insurer","Administrative Fee")
- BPS("Insurer","Flat Sales Tax Amount Sub")
- BPS("Insurer","Full Policy #")
- BPS("Insurer","Group #")
- BPS("Insurer","IEN")
- BPS("Insurer","Other Amt Claim Sub Qual")
- BPS("Insurer","Percent Sales Tax Basis Sub")
- BPS("Insurer","Percent Sales Tax Rate Sub")
- BPS("Insurer","Percentage Sales Tax Amt Sub")
- BPS("Insurer","Person Code")
- BPS("Insurer","Policy #")
- BPS("Insurer","Relationship")
- BPS("Insurer","VA PLAN IEN")
- BPS("NCPDP","# Meds/Claim")
- BPS("NCPDP","BIN Number")
- BPS("NCPDP","Envoy Plan Number")
- BPS("NCPDP","IEN")

- BPS("NCPDP","PCN")
- BPS("NCPDP","Software Vendor/Cert ID")
- BPS("NCPDP","Version")
- BPS("Patient","City")
- BPS("Patient","DOB")
- BPS("Patient","IEN")
- BPS("Patient","Name")
- BPS("Patient","Phone #")
- BPS("Patient","Primary Care Prov Location Code")
- BPS("Patient","SSN")
- BPS("Patient","Sex")
- BPS("Patient","State")
- BPS("Patient","Street Address")
- BPS("Patient","Zip")
- BPS("RX","0")
- BPS("RX","1","# Refills")
- BPS("RX","1","Alt. Product Type")
- BPS("RX","1","CERT RX IEN")
- BPS("RX","1","Date Filled")
- BPS("RX","1","Date Written")
- BPS("RX","1","DAW")
- BPS("RX","1","Days Supply")
- BPS("RX","1","DUR",<DUR Counter>,473)
- BPS("RX","1","DUR",<DUR Counter>,439)
- BPS("RX","1","DUR",<DUR Counter>,440)
- BPS("RX","1","DUR",<DUR Counter>,441)
- BPS("RX","1","Gross Amount Due")
- BPS("RX","1","IEN59")
- BPS("RX","1","NDC")
- BPS("RX","1","New/Refill")
- BPS("RX","1","Preauth #")
- BPS("RX","1","Prescriber Billing Location")
- BPS("RX","1","Prescriber CAID #")
- BPS("RX","1","Prescriber DEA #")
- BPS("RX","1","Prescriber ID Qualifier")
- BPS("RX","1","Prescriber IEN")
- BPS("RX","1","Prescriber Name")
- BPS("RX","1","Prescriber NPI")
- BPS("RX","1","Prescriber Phone #")
- BPS("RX","1","Prescriber State DEA #",<State Abbrev>)
- BPS("RX","1","Prescriber State License #",<State Abbrev>)
- BPS("RX","1","Prescriber UPIN #")
- BPS("RX","1","Primary Care Provider NPI")
- BPS("RX","1","Provider NPI")
- BPS("RX","1","Quantity")
- BPS("RX","1","RX IEN")

- BPS("RX","1","RX Number")
- BPS("RX","1","Refill #")
- BPS("RX","1","Usual & Customary")
- BPS("RX","1","VCPT IEN")
- BPS("Site","Default CAID #")
- BPS("Site","Default DEA #")
- BPS("Site","IEN")
- BPS("Site","Medicaid Pharmacy #")
- BPS("Site","NABP #")
- BPS("Site","NDC ID")
- BPS("Site","NPI")
- BPS("Site","Pharmacy #")
- BPS("Site","Switch Type")
- BPS("VisitIEN")

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Security Guide

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13. Security Management

This package does not impose any additional legal requirements on the user, nor does it relieve the user of any legal requirements. No additional security measures are to be applied other than those implemented through Menu Manager and the package routines. No additional licenses are necessary to run the software. Confidentiality of staff and patient data and the monitoring of this confidentiality are no different than with any other paper reference.

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14. Mail Groups and Bulletins

There is one mail group in ECME.
- The mail group BPS OPECC should contain members who will monitor the ECME process.

There are three bulletins sent by ECME.
- If an ECME transaction is missing the insurance information necessary to process the claim, an email bulletin will be sent to the BPS OPECC mail group before the claim processing terminates.

- The Auto-Reversal Process will send an email to the BPS OPECC mail group with a list of ECME claims that were auto-reversed.

- The VA SITE CONTACT in the BPS SETUP table will be notified of any difficulties encountered during the registration process.

- If a RX/fill is already queued for processing, a second request can not be queued. A bulletin is sent indicating that the second request could not be queued.

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15. Remote Systems

ECME transmits prescription claims data to third-party payers via the Austin Automation Center (AAC) and the clearinghouse Emdeon via HL7. The claims messages sent and received must comply with the NCPDP V. 5.1 Telecommunications Standard. The data on the claims transactions are controlled by fields defined on the payer sheets, which are created by the third-party payer. Generally, the data may include patient, insurance, provider, and prescription data. The payer response will include whether the claim was paid or rejected and possibly drug utilization response (DUR) information. The number of transactions will vary depending on the frequency of prescriptions created at a site and how many of those claims can be third-party billed. The data is not encrypted between VistA and the AAC, which is inside the VA firewall.

ECME transmits registration data to the Austin Automation Center (AAC) via HL7. The registration data includes the site data (site number, site contacts, and site contact means) and pharmacy data (pharmacy contacts and contact means, NCPDP, pharmacy DEA, and lead pharmacist data). The AAC returns acknowledgement messages for each registration message it receives. There is a nightly job which, if scheduled properly, will register the site and pharmacy once every day. The data is also sent if the user requests it via the Register Pharmacy with Austin Automation Center option [BPS SETUP REGISTER PHAMACY]. The data is not encrypted between VistA and the AAC, which is inside the VA firewall.

ECME receives payer sheet table updates from the Austin Automation Center (AAC) via HL7. The payer sheet data is stored in the BPS NCPDP FORMATS table (#9002313.92). VistA will return acknowledgement messages for every table update it receives. Currently, the AAC updates their database about once a week and any updates will then be sent to the VistA sites. The data is not encrypted between VistA and the AAC, which is inside the VA firewall.

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16. Archiving and Purging

16.1 Archiving

At present, the ECME V. 1.0 package does not provide for the archiving of its data.

16.2 Purging

There is not any automatic or manual purging of data at this time.

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17. Contingency Planning

If a system failure occurs, check for stranded claims via the View/Unstrand Claims Not Completed option [BPS UNSTRAND SCREEN]. If any stranded claims are found, unstrand them and then reprocess them via the Claim Data Entry Screen option. Note that claims stranded in a 'Transmitting' state most likely indicate that there is a problem with HL7 processing at the site or at the Austin Automation Center (AAC). If there is an HL7 problem and it is resolved, the claims will transmit normally and no other effort is needed. Only in the event that it is verified that there is not an HL7 problem, then should claims in this state be unstranded.

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18. Interfacing

There are no specialized products embedded within or required by the ECME package.

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19. Electronic Signatures

There are no electronic signatures required by the ECME package.

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20. Menus

[BPSMENU]

The complete list of ECME V. 1.0 menu options is shown below. The Claims Coordinator needs to access all ECME V. 1.0 options.

To view the complete ECME V. 1.0 menu structure, the user must hold the BPSMENU, BPS USER, BPS MANAGER, BPS MASTER, and BPS REPORTS keys.

Option Name	Menu Text
BPS MANAGER MENU	Pharmacy ECME Manager Menu
BPS STATS SCREEN	Statistics Screen
BPS MENU MAINTENANCE	ECME transaction maintenance options
BPS MENU RPT CLAIM STATUS	Claim Results and Status
BPS MENU RPT MAIN	Pharmacy Electronic Claims Reports
BPS MENU RPT OTHER	Other Reports
BPS MENU RPT SETUP	Setup (Configuration) Reports
BPS NIGHTLY BACKGROUND JOB	BPS Nightly Background Job
BPS RPT RECENT TRANSACTIONS	Recent Transactions
BPS RPT CLOSED CLAIMS	Closed Claims Report
BPS RPT CMOP/ECME ACTIVITY	CMOP/ECME Activity Report
BPS RPT ERRONEOUS REV	List Possible Erroneous Reversals
BPS RPT NOT RELEASED	Claims Submitted, Not Yet Released
BPS RPT PAYABLE	Payable Claims Report
BPS RPT PAYER SHEET DETAIL	Payer Sheet Detail Report
BPS RPT REJECTION	Rejected Claims Report
BPS RPT REVERSAL	Reversal Claims Report

Option Name	Menu Text
BPS RPT TOTALS BY DAY	Totals by Date
BPS SETUP MENU	Pharmacy ECME Setup Menu
BPS SETUP BASIC PARAMS	Edit Basic Pharmacy ECME Parameters
BPS RPT SETUP PHARMACIES	ECME Setup - Pharmacies Report
BPS SETUP PHARMACY	Edit Pharmacy ECME Pharmacy Data
BPS SETUP REGISTER PHARMACY	Register Pharmacy with Austin Automation Center
BPS RPT TURNAROUND STATS	Turn-around time statistics
BPS UNSTRAND SCREEN	View/Unstrand Claims Not Completed
BPS USER SCREEN	Claims Data Entry Screen
BPSMENU	ECME

Example: How to Print the Exported Options Using VA FileMan

```
VA FileMan 22.0


Select OPTION: 5  INQUIRE TO FILE ENTRIES

OUTPUT FROM WHAT FILE: OPTION// <Enter>
Select OPTION NAME: BPSMENU        ECME
ANOTHER ONE: <Enter>
STANDARD CAPTIONED OUTPUT? Yes// <Enter>  (Yes)
Include COMPUTED fields:  (N/Y/R/B): NO// <Enter> - No record number (IEN), no Computed
 Fields
DISPLAY AUDIT TRAIL? No// <Enter>  NO

NAME: BPSMENU                        MENU TEXT: ECME
  TYPE: menu                         CREATOR: ECMEuser,One
  LOCK: BPSMENU                      PACKAGE: IHS PHARMACY POINT OF SALE
  E ACTION PRESENT: YES              HEADER PRESENT?: YES
 DESCRIPTION:   The main menu
ITEM: BPS MANAGER MENU               SYNONYM: MGR
  DISPLAY ORDER: 2
ITEM: BPS USER SCREEN                SYNONYM: U
  DISPLAY ORDER: 1
ITEM: BPS MENU RPT MAIN              SYNONYM: RPT
  DISPLAY ORDER: 4
  ENTRY ACTION: K BPSQUIT D INIT^BPSMHDR I $G(BPSQUIT) K BPSQUIT S XQUIT=1
  HEADER: D HDR^BPSMHDR              TIMESTAMP: 60116,62862
  TIMESTAMP OF PRIMARY MENU: 60044,54655
  UPPERCASE MENU TEXT: ECME


Select OPTION NAME:
```

20.1 Security Keys

BPSMENU: Required for accessing the main ECME menu [BPSMENU]

BPS USER: Required for accessing the ECME User's Screen [BPS USER SCREEN]

BPS MANAGER: Required for accessing the following ECME options:
- Pharmacy ECME Manager Menu [BPS MANAGER MENU]
- Statistics Screen [BPS STATS SCREEN]
- ECME transaction maintenance options [BPS MENU MAINTENANCE]
- View/Unstrand Claims Not Completed [BPS UNSTRAND SCREEN]
- Re Open CLOSED Claims [BPS REOPEN CLOSED CLAIMS]

BPS MASTER: Required for accessing the following ECME options:
- Pharmacy ECME Setup Menu [BPS SETUP MENU]
- Edit Basic Pharmacy ECME Parameters [BPS SETUP BASIC PARAMS]
- Edit ECME Pharmacy Data [BPS SETUP PHARMACY]
- Register Pharmacy with Austin Automation Center [BPS SETUP REGISTER PHARMACY]

BPS REPORTS: Required for accessing the following ECME options:
- Pharmacy Electronic Claims Reports [BPS MENU RPT MAIN]
- Claim Results and Status [BPS MENU RPT CLAIM STATUS]
- Setup (Configuration) Reports [BPS MENU RPT SETUP]
- Recent Transactions [BPS RPT RECENT TRANSACTIONS]
- Closed Claims Report [BPS RPT CLOSED CLAIMS]
- CMOP/ECME Activity Report [BPS RPT CMOP/ECME ACTIVITY]
- Claims Submitted, Not Yet Released [BPS RPT NOT RELEASED]
- Payable Claims Report [BPS RPT PAYABLE]
- Payer Sheet Detail Report [BPS RPT PAYER SHEET DETAIL]
- Rejected Claims Report [BPS RPT REJECTION]
- Reversal Claims Report [BPS RPT REVERSAL]
- Totals by Date [BPS RPT TOTALS BY DAY]
- Turn-around time statistics [BPS RPT TURNAROUND STATS]
- ECME Setup - Pharmacies Report [BPS RPT SETUP PHARMACIES]

21. File Security

All ECME V. 1.0 related files - BPS CLAIMS file (#9002313.02) through BPS SETUP file (#9002313.99) - have Audit (AUDIT), Data Dictionary (DD), Delete (DEL), Learn As You Go (LAYGO), and Write (WR) access codes of "@" and Read (RD) access codes of "Pp" with the following exceptions.

```
BPS NCPDP PROFESSIONAL SERVICE CODE FILE (#9002313.21)        VERSION: 1.0

                                         FILE SECURITY
                                DD SECURITY   : @     DELETE SECURITY: @
                                READ SECURITY : @     LAYGO SECURITY : @
                                WRITE SECURITY : @

BPS NCPDP RESULT OF SERVICE CODE FILE (#9002313.22)          VERSION: 1.0

                                         FILE SECURITY
                                DD SECURITY   : @     DELETE SECURITY: @
                                READ SECURITY : @     LAYGO SECURITY : @
                                WRITE SECURITY : @

BPS NCPDP REASON FOR SERVICE CODE FILE (#9002313.23)         VERSION: 1.0

                                         FILE SECURITY
                                DD SECURITY   : @     DELETE SECURITY: @
                                READ SECURITY : @     LAYGO SECURITY : @
                                WRITE SECURITY : @

BPS NCPDP DAW CODE FILE (#9002313.24)                        VERSION: 1.0

                                         FILE SECURITY
                                DD SECURITY   : @     DELETE SECURITY: @
                                READ SECURITY : @     LAYGO SECURITY : @
                                WRITE SECURITY : @

BPS NCPDP FIELD 419 FILE (#9002313.82419)                    VERSION: 1.0

                                         FILE SECURITY
                                DD SECURITY   : @     DELETE SECURITY: Pp
                                READ SECURITY : @     LAYGO SECURITY : @
                                WRITE SECURITY : @
```

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22. References

The Initial requirements Analysis document:
HIPAA NCPDP EDI Connection IRA
The VHA Office of Information HIPAA Web Site:
http://vaww.va.gov/hipaa/
The VHA Office of Information System Design & Development (SD&D) HIPAA
website:
http://vista.med.va.gov/hipaa/
The NCPDP website:
http://www.ncpdp.org
Basic Guide to HIPAA Standards from NCPDP:
A Basic Guide To NCPDP Standards.pdf
Billing Unit Standard Format v1.4:
Billing Unit Std v1-4.pdf
IHS Point of Sale System - Installation Guide:
absp10t7i.pdf
IHS Point of Sale System - Technical Manual:
absp10t7t.pdf
IHS Point of Sale System - User Manual:
absp10t7u.pdf
NCPDP Data Dictionary:
Data Dictionary November 00.doc
NCPDP Telecommunication Standard V. 5.1, Specifications Guide:
NCPDP TCSD v511.DOC
NCPDP Telecommunication Standard V. 5.1, Implementation Guide:
Version 5.1 Implementation Guide (9.99).pdf
ORDUR Application Manual:
ORDUR Application Manual v3.2.pdf
NCPDP Interpretation Guide :
ReadMe.pdf
NCPCP Rejection Codes :
reject_codes.doc
NCPDP Rejection Codes/Actions :
Rejection_Code_actions.xls
Telecommunication Standards FAQ :
TC Version 5 Questions 1202.pdf
The Veterans Health Administration's EDI Pharmacy Claims' VistA Outpatient
Pharmacy and HIPAA EDI Services Interface Design Description V. 2.06:
IID Document.zip
The Veterans Health Administration's EDI Pharmacy's Vitria BusinessWare and
WebMD Interface Design Description V. 1.0:

VitriaWebMDIDD1_00.doc
HIPAA Electronic Health Care Transactions and Code Sets Complaint Submission Form:
paper_complaint_form.pdf
FileMan/ScreenMan Documentation Library:
http://vista.med.va.gov/fileman/docs/pm/
The Veterans Health Administration's VistA and Vitria BusinessWare NCPDP Over HL7
Interface Design Description:
VistaBWNCPDPHL7_IDD0_05ac.doc

23. Official Policies

There are no official policy(s) unique to the ECME regarding the modification and distribution of this software.

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24. Glossary

Accredited Standards Committee (ASC)   An organization that has been accredited by American National Standards Institute (ANSI) for the development of American National Standards.

Administrative Code Sets   Code sets that characterize a general business situation rather than a medical condition or service.

Administrative Simplification (A/S)   Title II, Subtitle F, of HIPAA, which gives the Department Of Health And Human Services (DHHS) the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information.

American National Standards (ANS)   Standards developed and approved by organizations accredited by ANSI.

American National Standards Institute (ANSI)   An organization that accredits various standards-setting committees, and monitors their compliance with the open rule-making process that they must follow to qualify for ANSI accreditation.

American Society for Testing and Materials (ASTM)   A standards group that has published general guidelines for the development of standards, including those for health care identifiers.

American Medical Association (AMA)

A professional association that represents the voice of the American medical profession and constitutes the partnership of physicians and their professional associations dedicated to promoting the art and science of medicine and the betterment of public health.

Back Door

System access via the roll and scroll, character and Mumps based VistA application.

Blue Cross and Blue Shield Association (BCBSA)

An association that represents the common interest of Blue Cross and Blue Shield health plans. The BCBSA maintains the Claim Adjustment Reason Codes code set.

Business Model

A model of a business organization or process.

Clean Claim

An insurance claim that has no defect, impropriety (including any lack of any substantial documentation) or particular circumstance requiring special treatment that prevents timely payment from being made.

Clearinghouse (or Health Care Clearinghouse)

For health care, an organization that translates health care data to or from a standard format.

Centers for Medicare & Medicaid Services (CMS)

Centers for Medicare & Medicaid Services, formerly Health Care Financing Administration (HCFA). The administration within HHS that is responsible for the national administration of the Medicaid and Medicare programs.

CMS-1450

CMS's name for the institutional uniform claim form, or UB-92.

CMS-1500
CMS's name for the professional uniform claim form. Also known as the UCF-1500.

Coordination of Benefits (COB)
A provision that is intended to avoid claims payment delays and duplication of benefits when a person is covered by two or more plans providing benefits or services for medical, dental or other care or treatment.

Code Set
Under HIPAA "codes used to encode data elements, tables of terms, medical concepts, diagnostic codes, or medical procedures. A code set includes the codes and descriptors of the codes." [45 CFR 162.103]

Covered Entity
Under HIPAA, a health plan, healthcare clearinghouse or health care provider who transmits information in electronic form in connection with a transaction covered by this subchapter 160.103 of 45 CFR.

Current Procedural Terminology
A procedure code set maintained and copyrighted by the AMA and that has been selected for use under HIPAA for non-institutional and non-dental professional transactions.

Data Dictionary (DD)
A document or system that characterizes the data content of a system.

Data Element
Under HIPAA, this is "…the smallest named unit of information in a transaction." [45 CFR 162.103]

Data Mapping
The process of matching one set of data elements or individual code values to their closest equivalents in another set of them.

Data Model	A conceptual model of the information needed to support a business function or process.
Data Set	Under HIPAA, this is "…a semantically meaningful unit of information exchanged between two parties to a transaction." [45 CFR 162.103]
Designated Code Set	A medical or administrative code set, which DHHS has designated for use in one or more of the HIPAA standards.
Designated Data Content Committee or Designated DCC	An organization, which DHHS has designated for oversight of the business data content of one or more of the HIPAA-mandated transaction standards.
Designated Standard	A standard that DHHS has designated for use under the authority provided by HIPAA.
Department of Health and Human Services (DHHS) or (HHS)	Per the website address provided below, 'The Department Of Health And Human Services is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.' The website is available at <http://www.os.dhhs.gov/>.
Dismissed	The ECME function of removing (not physically deleting) patient entries and/or prescriptions from viewing on the Claims Data Entry Screen.
Electronic Commerce (EComm)	The exchange of business information by electronic means.

| **Electronic Data Interchange (EDI)** | The transfer of data between different companies using networks, such as the Internet. As more and more companies get connected to the Internet, EDI is becoming increasingly important as an industry standard for companies to buy, sell, and trade information. ANSI has approved a set of EDI standards known as the X12 standards. |

| **Finish** | Term used for completing orders from Order Entry/Results Reporting V. 3.0. |

| **'Finish' a Prescription** | This process within VistA Outpatient Pharmacy V.7.0 where a pharmacy prescription order has been reviewed by either a pharmacy technician or pharmacist and is the first step in processing a prescription in Pharmacy. If performed by a pharmacist with the appropriate security key, the prescription can be 'Verified' as well. See 'Verify a Prescription' for more information. |

| **Flat File** | This term usually refers to a file that consists of a series of fixed-length records that include some sort of record type code. |

| **Front Door** | System access via the Delphi, Graphical User Interface (GUI) based VistA application. |

| **Graphical User Interface (GUI)** | A graphical method of controlling how a user interacts with a computer to perform various tasks. |

HCFA Common Procedural Coding System (HCPCS)

A medical code set that identifies health care procedures, equipment, and supplies for claim submission purposes. It is maintained by Health Care Financing Administration (HCFA), and has been selected for use in the HIPAA transactions. HCPCS Level I contain numeric CPT-4 codes, which are maintained by the AMA. HCPCS Level II contains alphanumeric codes used to identify various items and services that are not included in the CPT-4 code set. These are maintained by HCFA, BCBSA, and Health Insurance Association of America (HIAA). HCPCS Level III contains alphanumeric codes that are assigned by Medicaid State agencies to identify additional items and services not included in levels I and II. These are usually called "local codes," and must have "W", "X", "Y", or "Z" in the first position. They are not named as HIPAA standard codes. HCPCS Procedure Modifier Codes can be used with all three levels, with the WA-ZY range used for locally assigned procedure modifiers.

Health Care Clearinghouse

Under HIPAA, this is "… a public or private entity that does either of the following: (1) processes or facilitates the processing of information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction, or (2) receives a standard transaction from another entity and processes or facilitates the processing of [that] information into nonstandard format or nonstandard data content for a receiving entity." [45 CFR 160.103]

Health Care Financing Administration (HCFA)	The DHHS agency responsible for Medicare and parts of Medicaid. HCFA has historically maintained the UB-92 institutional Electronic Media Claims (EMC) format specifications, the professional EMC National Standard Format (NSF) specifications, as well as specifications for various certifications and authorizations used by the Medicare and Medicaid programs. HCFA also maintains the HCPCS medical code set.
Health Care Provider	Under HIPAA, this is "…a provider of services as defined in the section 1861(u) of the [Social Security] Act, 42 USC 1395x(u), a provider of medical or other health services as defined in section 1861(s) of the Act, 42 USC 1395(s), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business." [45 CFR 160.103]
Health Information	Under HIPAA this is "… any information, whether oral or recorded in any form or medium that (a) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (b) related to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual." [45 CFR 160.103]
Health Insurance Association of America (HIAA)	An industry association that represents the interests of commercial health care insurers. The HIAA participates in the maintenance of some code sets, including HCPCS Level II codes.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)	A Federal law that makes a number of changes that have the goal of allowing persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives HHS the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information. Also known as the Kennedy-Kassebaum Bill, the Kassebaum-Kennedy Bill, K2, or Public Law 104-191.
Health Plan	Under HIPAA this is "…an individual or group plan that provides, or pay the cost of, medical care." [45 CFR 160.103]
Healthcare Financial Management Association (HFMA)	An organization for the improvement of the financial management of healthcare-related organizations. The HFMA sponsors some HIPAA educational seminars.
Health Level Seven (HL7)	An ANSI-accredited group that defines standards for the cross-platform exchange of information within a health care organization. HL7 is responsible for specifying the Level Seven Open System Interconnection (OSI) standards for the health industry. Some HL7 standards will be encapsulated in the X12 standards used for transmitting claim attachments.

HIPAA Data Dictionary or HIPAA DD	A data dictionary that defines and cross-references the contents of all X12 transactions included in the HIPAA mandate. It is maintained by X12N/TG3.
Implementation Guide (IG)	A document explaining the proper use of a standard for a specific business purpose. The X12N HIPAA IGs are the primary reference documents used by those implementing the associated transactions, and are incorporated into the HIPAA regulations by reference.
Implementation Specification	Under HIPAA, this is "… the specific instructions for implementing a standard." [45 CFR 160.103]
Information Model	A conceptual model of the information needed to support a business function or process.
International Classification of Diseases (ICD)	A medical code set maintained by the World Health Organization (WHO). The primary purpose of this code set is to classify causes of death. A United States (US) extension of this coding system, maintained by the National Center for Health Statistics (NCHS) within the Centers for Disease Control (CDC), is used to identify morbidity factors, or diagnoses. The ICD-9-CM (Revision 9 Clinical Modification) codes have been selected for use in the HIPAA transactions.
International Standards Organization (ISO) or International Organization for Standardization	An organization that coordinates the development and adoption of numerous international standards.
Joint Commission on Accreditation of Healthcare Organizations (JCAHO)	In the future, the JCAHO may play a role in certifying these organizations compliance with the HIPAA A/S requirements.

J-Codes

Previously HCPCS Level II has contained a set of codes with a high-order value of "J" to identify some drugs and some other items. The final HIPAA transactions and code set rule states that any J-codes identifying drugs will be dropped from the HCPCS and NDC codes will be used to identify all drug products.

Maintain or Maintenance

Under HIPAA, this is "…activities necessary to support the use of a standard adopted by the Secretary, including technical corrections to an implementation specification, and enhancements or expansion of a code set. This term excludes the activities related to the adoption of a new standard or implementation specification, or modification to an adopted standard or implementation specification." [45 CFR 162.103]

Maximum Defined Data Set

Under HIPAA, this is "… all of the required data elements for a particular standard based on a specific implementation specification." [45 CFR 162.103]. A framework under HIPAA whereby an entity creating a transaction is free to include whatever data any receiver might want or need. The recipient of a maximum data set is free to ignore any portion of the data not needed to conduct their part of the associated business transaction, unless the nonessential data is needed for coordination of benefits.

Medical Code Sets

Codes that characterize a medical condition or treatment. The code sets are usually maintained by professional societies and public health organizations.

Memorandum of Understanding (MOU) A document providing a general description of the kinds of responsibilities that are to be assumed by two or more parties in their pursuit of some goal(s). More specific information may be provided in an associated Statement Of Work (SOW).

Modify or Modification Under HIPAA, refers to "a change adopted by the Secretary, through regulation, to a standard or an implementation specification." [45 CFR 160.102]

National Center for Health Statistics (NCHS) An administration of HHS and CDC that oversees ICD coding.

National Council for Prescription Drug Programs (NCPDP) An ANSI-accredited group that maintains a number of standard formats for use by the retail pharmacy industry, some of which are included in the HIPAA mandates.

National Drug Code (NDC) A medical code set that has been selected for use in the HIPAA transactions.

National Employer ID A system for uniquely identifying all sponsors of health care benefits.

National Patient ID A system for uniquely identifying all recipients of health care services.

National Payer ID A system for uniquely identifying all organizations that pays for health care services. Also known as Health Plan ID or Plan ID.

National Provider File (NPF) The database envisioned for use in maintaining a national provider registry.

National Provider ID	A system for uniquely identifying all providers of health care services, supplies, and equipment.
National Provider Registry	The organization envisioned for assigning the National Provider IDs.
National Provider System (NPS)	The administrative system envisioned for supporting a national provider registry.
National Standard Format (NSF)	Generically, this applies to any national standard format, but it is often used in a more limited way to designate the Professional EMC NSF, a 320-byte flat file record format used to submit professional claims.
National Uniform Billing Committee (NUBC)	The committee established by the American Hospital Association (AHA) to develop a single billing form and standard data set that could be used nationwide by institutional providers and payers for handling health care claims.
NCPDP Batch Standard	An NCPDP standard designed for use by low-volume dispensers of pharmaceuticals, such as nursing homes. Version 1.0 of this standard has been mandated under HIPAA.
NCPDP Telecommunication Standards	An NCPDP standard designed for use by high-volume dispensers of pharmaceuticals, such as retail pharmacies. Version 5.1 is one of the transaction standards under HIPAA.
Non-Formulary Drugs	The medications, which are defined as commercially available drug products not included in the VA National Formulary.

Notice of Intent (NOI)

A document that describes a subject area for which the Federal Government is considering developing regulations. It may describe what the government considers to be the relevant considerations and invite comments from interested parties. These comments can then be used in developing a Notice of Proposed Rulemaking (NPRM) or a final regulation.

Notice of Proposed Rulemaking (NPRM)

A document that describes and explains regulations that the Federal Government proposes to adopt at some future date, and invites interested parties to submit comments related to them. These comments can then be used in developing the final rules.

Office of Management & Budget (OMB)

A Federal Government agency that has a major role in reviewing proposed Federal regulations.

Open System Interconnection (OSI)

A multi-layer ISO data communications standard. Level Seven of this standard is industry-specific, and HL7 is responsible for specifying the level seven OSI standards for the health industry.

Orderable Item

An Orderable Item name and dosage form that has no strength attached to it (e.g., Acetaminophen). The name with a strength attached is the Dispense Drug name (e.g., Acetaminophen 325mg).

Payer

In health care, an entity that assumes the risk of paying for medical treatments. This can be an uninsured patient, a self-insured employer, or a health care plan or Health Maintenance Organization (HMO).

PAYERID   HCFA's term for their National Payer ID initiative.

Placeholders   Physical and/or logical data elements that are referenced and placed within a data structure that have a data definition but may or may not currently exist within the system. The value of these data elements are not currently maintained by the software but are established for future iterations of system development related to Billing Aware.

Potentially Billable Event   A service, which has all required data elements associated with it. These data elements are collected in the VistA Clinical Application.

Professional Component   Charges for physician services. Examples include physician who reads the Electrocardiogram (EKG) and an Emergency Room physician who provides treatment.

Provider Taxonomy Codes   A code set for identifying the provider type and area of specialization for all health care providers. A given provider can have several Provider Taxonomy Codes. The BCBSA maintains this code set.

Secretary   Under HIPAA, this refers to the Secretary of the US Department of Health and Human Services or his/her designated representatives. [45 CFR 160.103].

Segment   Under HIPAA, this is "…a group of related data elements in a transaction." [45 CFR 162.103]

Service	Medical care and items such as medical diagnosis and treatment, drugs and biologicals, supplies, appliances, and equipment, medical social services, and use of hospital Regional Primary Care Hospital (RPCH) or Skilled Nursing Facility (SNF) facilities.
Standard	Under HIPAA, this is "… a prescribed set of rules, conditions, or requirements describing the following information for products, systems, services or practices (1) Classification of components, (2) Specification of Materials, performance or operations, (3) Delineation of procedures. [45 CFR 160.103]
Standard Setting Organization (SSO)	Under HIPAA, this is "…an organization accredited by ANSI that develops and maintains standards for information transactions or data elements, or any other standard that is necessary for, or will facilitate the implementation of this part." [45 CFR 160.103]
Standard Transaction	Under HIPAA, this is "… a transaction that complies with the applicable standard adopted under this part." [45 CFR 162.103]
Statement of Work (SOW)	A document describing the specific tasks and methodologies that will be followed to satisfy the requirements of an associated contract or MOU.
Third Party Administrator (TPA)	An entity that processes health care claims and performs related business functions for a health plan.
Third (3rd) Party Claims	Health care insurance claims submitted to an entity for reimbursement of health care bills.

Transaction	Under HIPAA, this is "…the exchange of information between two parties to carry out financial or administrative activities related to health care." [45 CFR 160.103]
UB-92	A uniform institutional claim form developed by the National Uniform Billing Committee (NUBC) that has been in use since 1993.
Unstructured Data	This term usually refers to data that is represented as free-form text, as an image, etc., where it is not practical to predict exactly what data will appear where.
'Verify' a Prescription	After a prescription order has been 'Finished' the prescription must be 'Verified' by an authorized VistA user, through the administration of the system security key SOP. This is a critical step in the process of generating an electronic claim.
Veterans Health Information Systems and Technology Architecture (VistA)	Acronym for Veterans Health Information Systems and Technology Architecture, the new name for Decentralized Hospital Computer Program (DHCP).
Workgroup for Electronic Data Interchange (WEDI)	A health care industry group that lobbied for HIPAA A/S, and that has a formal consultative role under the HIPAA legislation.

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